# ACEP COVID-19 Update

- Emergency Medicine Experts Will Discuss:
  - **The Latest Clinical Information**
  - **Advocacy Asks**
  - And **How To Prepare Your Facility And Yourself For The Emerging Outbreak.**

- Thursday March 5, 2020
- 1pm PT/3 pm CT/4pm ET

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

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# Speakers

- William P. Jaquis, MD, FACEP, ACEP President
- Sandra Schneider, MD, FACEP, ACEP Associate Executive Director for Clinical Affairs
- Stephen V. Cantrill, MD, FACEP, Chair, ACEP Emergency Epidemic Panel

COVID-19

Personal Checklist

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# Checklist for Healthcare Providers

## Personal

- [ ] Review proper donning and doffing.
- [ ] Home practices – designate a place to put clothing from work (preferably right into the washer), where to undress, family protections, wash hands before leaving work, etc.
- [ ] Keep hand sanitizer in the car and by the entry door.
- [ ] Make sure you have easy-to-prepare meals.
- [ ] Stock a two-week supply of food (and possibly water).
- [ ] Ensure you have a continuous supply of regularly needed prescription drugs.
- [ ] Stock up on nonprescription drugs and other health supplies. This includes pain relievers, cough and cold medicines, a thermometer, and vitamins, as well as household supplies, disinfectant and soap.

# National Strategic Plan for Emergency Department Management of Outbreaks of COVID-19

Stephen V. Cantrill, MD, FACEP.
Chair
ACEP Emergency Epidemic Panel

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# Why are we here? COVID-19

- Coronavirus, probably a zoonotic spillover virus from bats
- May have passed through 1 or more species before infecting humans
- Very contagious, spreading rapidly by respiratory droplet spread similar to influenza
- Case fatality rate still unclear
- Currently: 96,888 confirmed cases;
  - 3,305 deaths

# Purpose of this Document:

- Specifies capabilities that must be present for successful ED management of COVID-19
- Enumerates actions that must be taken to attain these capabilities
- Specifies parties to be involved in each of these actions

# Goal of this Guidance:

Protect the health care infrastructure and ensure the delivery of emergency medical treatment during a large-scale epidemic or pandemic

# History:

- This guidance builds upon the shoulders of others
- Has its origins in the ACEP 2009 Strategic Plan for H1N1 – 16 ACEP members & 6 staff
- Many institutions worked on these capabilities at that time; some did not
- Old adage: "The more things change, the more they stay the same"

# Document Annex

- Where the rubber meets the road
- 27 Capabilities for ED Response to COVID-19
- List of Actions for Each, roles specified for
  - Emergency Medicine National
  - Federal Government
  - State & Local Government
  - State & Local Public Health
  - Emergency Department
  - Hospital

# Capabilities:

1. Trained Emergency Manager or Chief Preparedness Officer designated as lead for COVID-19 preparedness and response, fully integrated with community emergency preparedness, public health and resource managers

# Actions for Capability 1:

a) Designate an in-house position, or new hire for this position (NIMS certified, HICS trained);

b) Establish authority to carry out responsibilities;

c) Execute/implement ASPR Influenza Surge Preparedness Assessment as appropriate

d) For institutions that are part of a hospital system, establish/ strengthen connections amongst the different emergency managers and hospital leaders

e) Review National Guidance for Healthcare System Preparedness

f) Review/implement AHRQ Mass Medical Care with Scarce Resources: A Community Planning Guide as appropriate

g) Maintain awareness of status or threat of COVID-19 in US, state, and region as reported by CDC and state, keeping hospital in posture of preparedness prior to initiation of any emergency operations

h) Review Crisis Standards of Care and its implications for the institution

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# ANNEX 1 TO THE NATIONAL STRATEGIC PLAN FOR EMERGENCY DEPARTMENT MANAGEMENT OF OUTBREAKS OF COVID-19

| | EM National | Federal Gov. | State & Local Gov | State & Local PH | ED | Hosp. |
|---|---|---|---|---|---|---|
| **Action:** | | | | | | |
| a. Designate an in-house position, or new hire (NIMS certified, HICS trained); National Incident Management System (NIMS) Hospital Incident Command System (HICS) | | | | | | ● |
| b. Establish authority to carry out responsibilities; | | | | | | ● |
| c. Execute/implement ASPR Influenza Surge Preparedness Assessment as appropriate https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/publichealth/h1n1/aspr-influenzasurgepreparednessassesment.pdf | | | | | ● | ● |
| d. For institutions that are part of a hospital system, establish/strengthen connections amongst the different emergency managers and hospital leaders | | | | | | ● |
| e. Review National Guidance for Healthcare System Preparedness https://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf | | | | | ● | ● |
| f. Review/implement AHRQ Mass Medical Care with Scarce Resources: A Community Planning Guide as appropriate https://web.mhanet.com/AHRQ_mass_care_guide11.06.pdf | | | | | ● | ● |
| g. Maintain awareness of status or threat of COVID-19 in US, state, and region as reported by CDC and state, keeping hospital in posture of preparedness prior to initiation of any emergency operations | | | | | | |

# Capabilities:

2. Seamless connectivity with local/state governmental emergency management, public health, other hospital Chief Preparedness Officers, and any other support organizations
3. Emergency operations plan for COVID-19
4. Surge staffing plan for the entire institution

# Capabilities:

5. Hospital Incident Command System and National Incident Management System training, knowledge and compliance
6. Functional Hospital Command Center
7. Training and exercise program for all involved personnel
8. Appropriate PPE for health care staff

# Capabilities:

9. Capability to screen and test staff for illness
10. Enhanced facility security and crowd management
11. Administrative and legal support
12. Antiviral prophylaxis and vaccine availability for Staff when available and recommended by the CDC

# Capabilities:

13. Interoperable communications system (fire, law enforcement, EMS, emergency management, receiving hospitals, local/regional public health, local EOC) Capabilities for Emergency Department Response to a Severe COVID-19 Outbreak
14. Maintaining EMS operations during COVID-19 outbreak
15. Laboratory testing protocols
16. Alternate locations and staffing for triage and medical screening exams
17. Off-Site vaccine administration when available and indicated

# Capabilities:

18. Health information call centers
19. Configuration of ED waiting rooms for distancing to the degree possible
20. Protocols for those visiting patients with fever and respiratory symptoms
21. Environmental decontamination capability
22. Off-site mass screening capability

# Capabilities:

23. Adequate inpatient surge capacity including the establishment of alternate care facilities
24. Trained and credentialed volunteers
25. Awareness of strategic national stockpile (SNS) surge supplies and equipment and capability to receive those supplies
26. Accurate and coordinated public information dissemination including when to seek care for illness
27. Augmented post-mortem and mortuary services

# Strategic Plan

- These are recommendations, only
- Need to be integrated with the unique aspects of care in your area
- This whole area remains a work in progress

- **“Hope for the best; prepare for the worst”**

# COVID-19 Healthcare Planning Checklist

Hover over form fields for instructions

Planning for a potential emerging infectious disease pandemic, like COVID-19, is critical to protecting the health and welfare of our nation. To assist state, local, tribal, and territorial partners in their planning efforts, the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response has developed the following checklist. It identifies specific activities your jurisdiction can do now to prepare for, respond to, and be resilient in the face of COVID-19. Many of the activities in this checklist are specific for COVID-19, however many, pertain to any public health emergency.

This checklist is adapted from a variety of HHS Pandemic Influenza Pandemic Planning resources. It is not intended to set forth mandatory requirements by the Federal government. Each jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and authorities. We strongly encourage continued review of HHS' Centers for Disease Control (CDC) COVID-19 guidance which is available on their website for the most current information.

1. **Safety / Infection Control Activities**

| Completed | In Progress | Not Started | Activities |
|---|---|---|---|
| ○ | ○ | ○ | 1.1 Develop a pandemic safety plan and appoint a safety officer to modify as required. |
| ○ | ○ | ○ | 1.2 Develop an agency/facility pandemic safety plan and appoint a safety officer to modify as required. |
| ○ | ○ | ○ | 1.3 Provide staff education about COVID-19 infection control and update polices as required. |
| ○ | ○ | ○ | 1.4 Support N95 respirator fit-testing for all agency/facility employees and just-in-time education on recommended infection control precautions including fit checking, applying simple mask to patients with cough, and hand hygiene. |
| ○ | ○ | ○ | 1.5 Monitor availability of N95 respirators/powered air purifying respirators (PAPRs) and other supplies including alcohol-based hand disinfectants, gloves, etc., and watch and alert coalition members to supply shortages. Make recommendations on possible alternatives. |
| ○ | ○ | ○ | 1.6 Prepare guidelines for conservative and re-use of N95 respirators/PAPRs if severe shortages are imminent (ideally regionally and in conjunction with local public health, occupational safety, and infection prevention providers and agencies - for example, consider use by only the highest-risk staff, re-use in selected situations, continued use while working on cohorted units, etc.). |
| ○ | ○ | ○ | 1.7 Plan contingencies if appropriate levels of respiratory protection are unavailable. |
| ○ | ○ | ○ | 1.8 Develop guidance for staff monitoring for signs of illness (including self-reporting, self-quarantine, and start/end of shift evaluation) and create a mechanism for reporting both illness and absenteeism. |
| ○ | ○ | ○ | 1.9 Develop a return to work post illness policy for health care workers. This should be as |

# Thank you

For more information visit:
ACEP Covid-19 (Coronavirus)
Clinical Alert website:

**www.acep.org/coronavirus**

**The link to join the EngagED COVID-19 Communication Hub is on this page**